Sheet1

| Circulated By | SD | Signer | Page Num | Full address | City |
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| AFFIDAVIT | | | | | | |
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| STATE OF WISCONSIN SS Racine COUNTY State Senate District and I am a qualified elector, i.e., eith registered to vote or eligible to register and vote. 2. On Apr. 5, 2011 at Town of Bushington Hall, I spoke with a | | | | | | |
| individual who was soliciting passersby to sign a document. | | | | | | |
| It wase never said at would be for a remall- | | | | | | |
| | | | | | | |

5. Had I not been misled about the purpose of effect of the petition, I would not have signed it. I do not and have not supported efforts to have a recall election held for Senator Wireh 's seat.

Johannes Bernot [NAME]

Subscribed and sworn to before me this Aday of April ,2011

Notary Public, State of Wisconsin

My Commission Blemanent

PATRICIA A. ZAMBA Notary Public State of Wisconsin

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 224 Wisconsin State Senate District (jurisdiction or district of officeholder)

22 District State Senate of Wisconsin petition for the recall of Robert Wirch (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22d State Senate District in Madison



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|---|---|--------------------------------------|-------------|--|--|--|--|
| The municipality used for mailing purposes, when different than municipality of residence, is not sufficient. The name of the municipality of residence must always be listed. | | | | | | | |
| 1 HE NAME OF | THE MUNICIPALITY OF RESIDENCE MUST | ALWAYS BE LISTED. | | | | | |
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE | MUNICIPALITY OF RESIDENCE | DATE OF | | | | |
| | Rural address must also include box or fire no. | Indicate Town, City, or Village | SIGNING | | | | |
| Pages S. Weider | BURLINGTON WIS3105 | O'Town O'Village Burlington | 4 5/11 | | | | |
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| Susan Novance | 1823 Landre Ct. | arown Uvilage Bullington | 4-5-11 | | | | |
| 5. Judy Stock | 29021 Com Valand | □ Town □ Villege □ City | | | | | |
| 6. Ow Gushan | Bulmon WI | Drown Burlington | 4/5/11 | | | | |
| 7. Ki Dollt | Buly WI 37/05 | Town 0 Q Village \\ XCity // | 4/5/11 | | | | |
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| " Concell Cobox | 3000 & Moccasin | © City / / / | 4/5/11 | | | | |
| 10. Robot for Fry La | 34415 W Chestnut Burlington WI | Strown U Village U City | 4-5-11 | | | | |
| Certification of Circulator | | | | | | | |

| Certification of Circulator | | | | | | |
|---|------------|--|--|--|--|--|
| 1, Sandan Hemin | , certify: | | | | | |
| I reside at 30000 Mound Or. Bullingen | WI | | | | | |
| (circulator's residence - include number, street, and numberpatity) | | | | | | |

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed, the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12,13(3)(a), Wis. Stats.

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No.

GAB-170 (Rev. 6/2007). The information on this form is required by §5, 8,40 and 9.10, Wis, Stats. This form is prescribed by the Covernment Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 608-266-8005, http://gab.wig.gov ensill: gab@migov

www.RecallWirch.com • RecallWirch@gmail.com